Form IRSF-100

NEW JERSEY DEPARTMENT OF CORRECTIONS (DEPARTMENT) DE CORRECCIONES DE NUEVA JERSEY)

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Must Be Placed In The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

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* ADMINISTRATION *	FOOD SERVICES	SID	VISITS	OSAPAS
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Distribution: (Original) Department Copy

(Yellow) Inmate's Copy With Response

(Pink) Inmate Copy

Form IRSF-101

Complete One Form For Each Department / Program / Service.

ADMINISTRATION	FOOD SERVICES	SID VISIT	TS OSAPAS
Housing Status Program Removal Reinstate Contact Visit	Denied / Not Received Diet Food Allergies Food Issues / Prep Proper Special Diet	K/S Denied Visitor PC Ex-Offender \ STG Issues at Visit	Visits N/A and A/A
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Distribution: (Original) Department Copy

(Yellow) Inmate's Copy With Response (Pink) Inmate Copy

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Complete One Form For Each Department / Program / Service.

ADMINISTRATION	FOOD SERVICES	SID	VISIŢS	OSAPAS
Housing Status Program Removal Reinstate Contact Visit	Denied / Not Received Diet Food Allergies Food Issues / Prep Proper Special Diet	K/S PC STG	Denied Visitors Ex-Offender Visits Issues at Visits	Living in Balance N/A and A/A Engaging the Farr
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EXHIBIT D-4

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Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

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Form IRSF-10

EXHIBIT D-6

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Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	FOOD SERVICES	SID	VISITS	OSAPAS
Housing Status Program Removal Reinstate Contact Visit	Denied / Not Received Diet Food Allergies Food Issues / Prep	K/S PC STG	Denied Visitors Ex-Offender Visits Issues at Visits	Living in Balance N/A and A/A Engaging the Family
BUSINESS OFFICE	Proper Special Diet	Visitor Ban		RPP
Business Remits / Receipts Check / Money Order Fine Payments Refunds State Pay Statements CLASSIFICATION Citizenship Detainers / Open Charges Institutional Transfer	MEDICAL / MENTAL HEALTH / DENTAL Class Sign-up / Completed Programs Concerns Co-Pay Refunds Emergencies Eye Glasses Medical Records Medication M007 Form Referrals	Inmate Name: CRIC State Number: 6635 Housing Unit: 12 CS REQUEST: DN 12 VS APPEARED AT CEL DEAF FARS. UNIT CEL UNIT KETUSED I FIN C UNIT PAIN IN PAIN OF HAV	OC SBIN: 146 16 16 16 16 16 16 16 16 16 16 16 16 16	Date: 17 124116 SELC ENNIFER FAIR TFAD PLAIN HEAUT GOASHOUL PAIN HEAUT GOASHOUL PAIN STOP YOUR EITHER SIDEFER AT IONL, ALSO IN
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ADMINISTRATION	FOOD SERVICES	SID	VISITS	OSAPAS
Housing Status Program Removal Reinstate Contact Visit BUSINESS OFFICE	Denied / Not Received Diet Food Allergies Food Issues / Prep Proper Special Diet	K/S PC STG Visitor Ban	Denied Visitors Ex-Offender Visits Issues at Visits	Living in Balance N/A and A/A Engaging the Family RPP
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Form IRSF-101

EXHBIT D-7

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Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

ADMINISTRATION	FOOD SERVICES	SID	VISITS	OSAPAS
Housing Status Program Removal Reinstate Contact Visit	Denied / Not Received Diet Food Allergies Food Issues / Prep	K/S PC STG	Denied Visitors Ex-Offender Visits Issues at Visits	Living in Balance N/A and A/A Engaging the Family
BUSINESS OFFICE	Proper Special Diet	Visitor Ban		RPP
Business Remits / Receipts Check / Money Order Fine Payments Refunds State Pay Statements CLASSIFICATION Citizenship Detainers / Open Charges Institutional Transfer Interstate Status	MEDICAL / MENTAL HEALTH / DENTAL Class Sign-up / Completed Programs Concerns Co-Pay Refunds Emergencies Eye Glasses Medical Records Medication M007 Form Referrals Dental	Inmate Name: 1-RIC State Number: 66350 Housing Unit; HOSPIT REQUEST: T-VE BE WILLHOUT SUPPIN	08 SBI#: 146973K	Date: 6/7/2015 ICAI TAKEN LITTOR NUMF BIO(CORIT) E, AND SEPENF ACH
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(Pink) Inmate Copy

Case 1:17-cv-02864-NLH-MJS Document 1-2 Filed 04/26/17 Page 10 of 10 PageID: 14 Must Be Placed in The Inmate Remedy System Box

Complete One Form For Each Department / Program / Service.

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)

	ADMINISTRATION		
	Housing Status		
	Program Removal	ı	
	Reinstate Contact Visit	_	
L	BUSINESS OFFICE		
	Business Remits / Receipts		
	Check / Money Order	- 1	. O.
	Fine Payments	.	
	Refunds	- 1	
	State Pay	- 1	
	Statements	╝	
	CLASSIFICATION		
	Citizenship	- 1	
	Detainers / Open Charges	- 1	
	Institutional Transfer		
	Interstate Status		
	Job Eligibility	- 1	
	Problem w/ Sentence Calc.	- 1	
	Restoration of Comm Time	- 1	
	SASRC	- 1	
	Status		
	Work Credit	4	
	CUSTODY		
	Cell Moves		
	General	ı	
	Housing Unit Issues	_	
C	USTODY / MAILROOM		
	Status on Purchases		•
	Incoming Mail		
	Legal Mail	ı	
	Outgoing Mail	_	
	EDUCATION / LAW LIB		
	Certificates		
	College Courses / GED / Classe	s	
	Programs	- 1	3
	Legal Cali		
	Paralegal Assist / Supplies		
	I the state of the	- 1	

	7
FOOD SERVICES	
Denied / Not Received Diet	
Food Allergiës	1
Food Issues Prep	ı
Proper Special Diet	
MEDICAL / MENTAL HEALTH / DENTAL	
Class Sign-up / Completed Programs	1
Concerns	
Co-Pay Refunds	ł
Emergencies	
Eye Glasses	
Medical Records	
Medication	
M007 Form	1
Referrals	
Dental	
PAROLE	1
Address Change / Parole Plan	1
Opt Out of Parole Hearing	
Parole Board Hearings	1
PED Calculations	1
RCRP COMM. PROGRAMS	1
Denial of Program	1
Eligibility Criteria	1
Status of Application	1
RELIGIOUS SERVICES	
Certificate Completions	1
Religious Classifications	
Religious Diets	
Religious Items	
SOCIAL SERVICES	1
Family Emergency	÷
Marriage Request	٠
Program Enrollment / Completion	
Release ID / BC / SSN Card / MVC / Vet Asst.	
Release Planning	
SSI / SSDI / Affordable Healthcare	
TDD	
Others	

SID	VISITS	OSAPAS
K/S PC STG Visitor Ban	Denied Visitors Ex-Offender Visits Issues at Visits	Living in Balance N/A and A/A Engaging the Family RPP
THIS SECTION TO BE COMPLETED BY INMATE		
Inmate Name: FRIC	HINES	Date: 1/23 2017
State Number: (663)	508 SBI#: 146993 -C-POD Work Detail Hours	
REQUEST:	SIT WAS BUILT O SEM	C. FORTA CAT SCHN DN INO
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Distribution: (Original) Department Copy (Yellow) Inmate's Copy With Response (Pink) Inmate Copy